

T I T L E   X I X   R E P O R T   O F   E X P E N D I T U R E S  
(BY CATEGORY OF SERVICE)  
(MONTHLY TOTALS AS OF 01/31/13)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT	* * * * * A V E R A G E S * * * * *			
					COST PER UNIT OF SERVICE	COST PER ELIGIBLE RECIPIENT	UNITS PER RECIPIENT SERVED	COST PER RECIPIENT SERVED
INPATIENT	5,607	5,721	25,285	\$32,533,071.70	\$1,286.66	\$63.80	4.5	\$5,802.22
OUTPATIENT	65,150	93,018	1,210,749	\$20,516,552.01	\$16.95	\$40.23	18.6	\$314.91
CHILD PART HOSP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
CHILD DAY TREATMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ADULT PART HOSP	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
ADULT DAY TREATMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
SKILLED NURSING FACILITY	738	851	11,841	\$2,040,891.26	\$172.36	\$4.00	16.0	\$2,765.44
INTERMEDIATE CARE FACILITY	11,403	12,144	353,066	\$43,925,455.12	\$124.41	\$86.14	31.0	\$3,852.10
INTER CARE MENTAL RETARDA	2,014	1,739	51,316	\$18,115,614.37	\$353.02	\$35.52	25.5	\$8,994.84
NURSING FAC FOR MENTAL ILL	63	62	1,831	\$422,669.53	\$230.84	\$1.59	29.1	\$6,709.04
HOME HEALTH	13,086	16,912	247,308	\$9,046,843.96	\$36.58	\$17.74	18.9	\$691.34
LEAD INSPECTION AGENCY	1	1	1	\$362.06	\$362.06	\$0.00	1.0	\$362.06
PHYSICIAN	121,939	243,507	413,535	\$15,840,458.58	\$38.31	\$31.06	3.4	\$129.90
CLINIC SERVICES	22,260	30,502	29,567	\$4,208,531.82	\$142.34	\$8.25	1.3	\$189.06
MEP CASE MANAGEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EHR INCENTIVE PAYMENTS	1	0	0	\$2,805,324.00	\$0.00	\$5.50	.0	\$0.00
LAB AND RADIOLOGICAL	12,869	17,725	32,745	\$632,898.16	\$19.33	\$1.24	2.5	\$49.18
HABILITATION SERVICES	4,410	11,862	116,300	\$6,192,169.28	\$53.24	\$12.14	26.4	\$1,404.12
BEHAVIORAL HLTH INTERVENTN SVC	386,884	415,864	415,296	\$5,222,268.46	\$12.57	\$10.24	1.1	\$13.50
REHAB SUPPORT SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
AMBULANCE SERVICES	2,060	2,421	2,408	\$279,846.40	\$116.22	\$0.55	1.2	\$135.85
LOCAL EDUCATION AGENCY	2,133	38,234	508,328	\$6,187,548.73	\$12.17	\$12.13	238.3	\$2,900.87
INFANT TODDLER	478	995	2,115	\$23,454.09	\$11.09	\$0.05	4.4	\$49.07
PRESCRIBED DRUGS	138,444	412,986	355,034	\$19,442,318.07	\$54.76	\$38.52	2.6	\$140.43
IOWA-PLAN-PMIC	232,401	250,266	250,138	\$2,644,194.90	\$10.57	\$5.19	1.1	\$11.38
DRUG CAPITATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
NEMT SERVICES	386,244	402,833	402,553	\$861,463.42	\$2.14	\$1.69	1.0	\$2.23
INDIAN HEALTH SERVICES	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PLANNING SERVICES	5,999	6,770	6,763	\$589,932.12	\$87.23	\$1.16	1.1	\$98.34
IOWA CARE MED HOME CAPITATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
IOWA PLAN PROGRAM	386,815	415,864	415,289	\$11,380,082.66	\$27.40	\$22.32	1.1	\$29.42
MANAGED SUBSTANCE ABUSE	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MENTAL HEALTH ACCESS PLAN	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
EPSDT SCREENING	5,768	6,454	6,405	\$1,715,219.85	\$267.79	\$6.42	1.1	\$297.37
HMO SERVICES	12,996	13,457	13,455	\$2,332,322.62	\$173.34	\$1,709.91	1.0	\$179.46
PACE SERVICES	171	171	170	\$548,330.50	\$3,225.47	\$1.08	1.0	\$3,206.61
PATIENT MANAGEMENT	189,874	190,888	190,851	\$412,524.00	\$2.16	\$61.29	1.0	\$2.17
HEALTH INS PREMIUM PAYMENT	3,210	8,408	8,408	\$633,109.61	\$75.30	\$1.24	2.6	\$197.23
MEDICAL SUPPLIES	25,435	42,416	1,709,413	\$3,857,943.44	\$2.26	\$7.64	67.2	\$151.68
HEALTH HOME PROVIDER	1,450	1,616	1,609	\$36,776.43	\$22.86	\$0.07	1.1	\$25.36
OTHER PRACTITIONER	20,727	37,088	77,175	\$3,453,867.06	\$44.75	\$6.77	3.7	\$166.64
FAMILY CENTERED PROGRAM	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
FAMILY PRESERVATION	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
TREATMENT FOSTER FAMILY CARE	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
GROUP TREATMENT THERAPY	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
DENTAL	23,202	28,120	28,278	\$3,751,703.02	\$132.67	\$7.43	1.2	\$161.70
OPTOMETRIST	10,741	12,613	13,206	\$771,281.65	\$58.40	\$1.51	1.2	\$71.81
CHIROPRACTIC	7,735	13,399	15,678	\$392,969.99	\$25.07	\$0.78	2.0	\$50.80
PODIATRIC	4,158	4,856	6,168	\$226,775.70	\$36.77	\$0.44	1.5	\$54.54

* * * * * A V E R A G E S * * * * *			
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CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT	UNIT OF SERVICE	ELIGIBLE RECIPIENT	RECIPIENT SERVED	RECIPIENT SERVED
PHYSICAL DISABILITIES SVCS	746	947	28,388	\$362,675.81	\$12.78	\$0.71	38.1	\$486.16
BRAIN INJ WAIVER SERVICES	1,249	2,792	55,576	\$2,354,342.42	\$42.36	\$4.62	44.5	\$1,884.98
PSYCHIATRIC	3,604	5,867	6,311	\$192,358.16	\$30.48	\$0.38	1.8	\$53.37
RESIDENTIAL CARE FACILITY	1,122	1,280	35,752	\$292,793.97	\$8.19	\$0.57	31.9	\$260.96
ID WAIVER SERVICE	10,828	21,572	572,661	\$31,489,393.91	\$54.99	\$2,682.69	52.9	\$2,908.14
CHILDRENS MENTAL HEALTH SVC	779	1,246	45,290	\$800,655.57	\$17.68	\$790.38	58.1	\$1,027.80
AIDS WAIVER SERVICES	31	69	2,489	\$26,315.68	\$10.57	\$797.44	80.3	\$848.89
ELDERLY WAIVER SERVICES	9,024	29,537	452,380	\$6,457,431.81	\$14.27	\$710.23	50.1	\$715.58
ILL & HANDICAPPED WAIVER SVCS	2,022	3,187	84,674	\$1,618,599.27	\$19.12	\$633.01	41.9	\$800.49
COUNTY OFFICE REIMBURSEMENT	0	0	0	\$0.00	\$0.00	\$0.00	.0	\$0.00
MEP SERVICES	11,945	14,756	78,272	\$4,062,824.42	\$51.91	\$7.97	6.6	\$340.13
UNASSIGNED	1	0	0	\$1,131,713.40-	\$0.00	\$2.22-	.0	\$0.00
* A L L C A T E G O R I E S *	429,169	2,821,016	8,284,077	\$267,570,452.19	\$32.30	\$524.70	19.3	\$623.46